

Module II: Social-Emotional Development, Mental Health, and Learning

II-20



# Goal

The goal of Module II is to give an overview of mental health issues among adolescents and their potential effects on learning and behavior.



# **Objectives**

- Learn social-emotional factors related to positive youth development, including risk and protective factors
- Understand the range of social-emotional development and its relationship to mental health
- Know the most common serious emotional disturbances in adolescence and their potential impacts on learning and behavior
- Learn indications that a student needs additional support

## **What Are Risk Factors?**

Risk factors make it more likely that a teen will develop a disorder.

Protective factors make it less likely that a teen will develop a disorder.

· May be biological, psychological, or social

## **Risk and Protective Factors**

### Risk factors include:

- Problems in community environment
- Problems in family environment
- History of behavior problems
- Negative behavior and experiences
- Biology

### Protective factors include:

- Caring adults
- Genuine youth-adult relationships
- Recognition
- Opportunities for involvement

## **Mental Health: Definition**

A state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. It is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society.

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# **Serious Emotional Disturbances: Definition**

Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community.

# Adolescents With Mental Health and Emotional Problems Are More Likely To Experience:

- Co-occurring social-emotional problems
- · Other health risks
- Restricted opportunities

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## **Mood Disorders**

- Also called affective disorders because they refer to emotions
- Treatable medical conditions
- Most frequently diagnosed mood disorders in children and youth are:
  - Major depressive disorder
  - Dysthymic disorder
  - Bipolar disorder

# **ANY THREAT OF SUICIDE** SHOULD BE TREATED SERIOUSLY.





# **Anxiety Disorders**

- Excessive fears, worries, and preoccupations that are a reaction to a perceived sign of danger
- · Include obsessive-compulsive disorder and posttraumatic stress disorder



# Attention-Deficit/ Hyperactivity Disorder

- · Inability to focus one's attention
- · Often impulsive and easily distracted
- · Difficult to remain still, take turns, keep quiet
- Most commonly diagnosed behavioral disorder among youth

# **Disruptive Behavior Disorders**

- Complicated group of behavioral and emotional problems
- Show as difficulty following rules and behaving in socially acceptable ways
- Impact of the disruptive behavior is distressing to others and can interfere with establishing trusting and supportive relationships

# Disruptive Behaviors and Other Disorders

Youth who show disruptive behaviors may have:

- Unidentified symptoms of depression and/or anxiety
- · One or more diagnosable disorders

For example, a youth may have both ADHD and a learning disability

# **Eating Disorders**

- · Patterns of thoughts and behaviors about one's body, foods, and the intake of foods
- · Lead to severe health, social, and school problems
- Include anorexia nervosa, bulimia nervosa, and binge-eating disorder

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## **Indicators of Need**

Indicators of need for intervention include behaviors, thoughts, or feelings that limit a youth's ability to:

- Maintain positive relationships
- Cope with demands of home and school
- · Continue healthy development

Problem behavior may be an indicator of need.

## **Action Plan**

- · A way to direct your behavior and to problem-solve with individual students
- · Each is unique to the individual needs of the student, his or her family, and the resources available





# Stages of an Action Plan Include:

- Stage I: Know your resources
- · Stage II: Voice your concern
- · Stage III: Follow up